

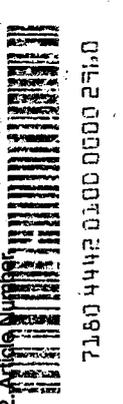


0000059956

SIG

I also wish to receive the following service (for an extra fee):  
 Restricted Delivery  
Consult postmaster for fee.

**SENDER:**  
Complete items 1, 2 and 3.  
Indicate if restricted delivery is desired.  
Print your name and address on the reverse of this form so that we can return this card to you.  
Attach this form to the front of the mailpiece, or on the back if space does not permit.  
Write "Return Receipt Requested" on the mailpiece below the article number.  
The Return receipt fee will provide you the signature of the person delivered to and the date of delivery.



1. Article Addressed to:  
**Victoria A. Schlessin**  
**Teligen Services, Inc.**  
**8005 Leesburg Pike, Ste. 400**  
**Vienna, VA 22182-4600**  
**Heenan, VA 20170-5263**

2. Article Number  
7180 4442 0100 0000 2710

3. Service Type  CERTIFIED  
Date of Delivery **3/24/03**

Enter delivery address if different than item 1.  
**460 Herndon Pkwy**  
**Herndon VA 20170**

Received By: (Print Name)  
*[Signature]*  
Signature - (Addressee or Agent)  
**R M Meender**

PS Form 3811 T-03761A-01-0911 **DOMESTIC RETURN RECEIPT**

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

Arizona Corporation Commission  
**DOCKETED**

MAR 26 2003

DOCKETED BY

RECEIVED

2003 MAR 26 A 10:59

AZ CORP COMMISSION  
DOCUMENT CONTROL

Arizona Corporation Commission  
Docket Control  
1200 W Washington St.  
Phoenix AZ 85007

